DOCUMENT RESUME

ED 333 319 CG 023 475

TITLE Family Violence: An Overview.
INSTITUTION National Center on Child Abuse and Neglect (DHHS/OHDS), Washington, D.C.
PUB DATE Jan 91
NOTE 34p.
PUB TYPE Reports - General (140)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Battered Women; *Child Abuse; *Child Neglect; *Elder Abuse; *Family Violence; Government Role; Siblings; Spouses

ABSTRACT

Family violence is a widespread problem; research has shown multiple factors are associated with family violence. Types of family violence include spouse abuse; elder abuse and neglect; child abuse and neglect; parent abuse; and sibling abuse. There are three types of spouse abuse: physical abuse, sexual violence, and psychological/emotional abuse. These often occur in combination, and although either partner may be the victim, most victims are women. Among the many factors that may contribute to the occurrence of spouse abuse are learned behavior, trial-and-error learning, and substance abuse. Abused and neglected elderly persons are among the most isolated victims of family violence. They are maltreated by their spouses, adult children, or other relatives. There are four types of elder abuse: physical, psychological/emotional, material exploitation, and violation of rights. Causes of elder abuse range from seemingly deliberate abuse of older persons by spouses and adult children, to unintentional cases of neglect related to the frailty of the older person, to the pressures that can result from caregiving. There are four types of child maltreatment: physical abuse, neglect, sexual abuse, and mental injury. Although any of the types of child maltreatment may be found alone, one often finds them occurring in combination. Parent and sibling abuse; the effects of family violence; and federal, state, and local response to family violence are discussed. (LLL)

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Family Violence:

An Overview

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FAMILY VIOLENCE:

AN OVERVIEW

January 1991

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Office of Human Development Services
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INTRODUCTION

> It is vitally important that the public recognize that there is intolerable verbal and physical abuse that occurs any hour of the day and night in homes in our communities, no matter what the age group, no matter what the socioeconomic background of the individual.... --**A victim** (Attorney General's Task Force on Family Violence 1984).

Family violence is a widespread problem in American society. Most experts agree that incidents of family violence are substantially underreported. Hundreds of thousands of Americans are harmed each year by family members. This victimization takes many forms: spouse abuse/domestic violence, elder abuse and neglect, child abuse and neglect, parent abuse (abuse of a parent by a child under the age of majority), and sibling abuse. These forms of violence do not always occur independently of each other. Families who engage in one form of family violence are likely to engage in others (Steinmetz 1977; Steinmetz and Straus 1974).

Research shows that there are multiple factors associated with violent behavior in the family. Although there are some similarities, each form of family violence has certain distinguishing characteristics and each case has its own set of contributing factors. One factor generally believed to contribute to all forms of family violence is a childhood history of abuse and neglect. Individuals witnessing or experiencing violence in the family of origin may have a tendency to be more violent toward their spouses, children, parents, or siblings than individuals from nonviolent homes. Not all individuals with abusive and neglectful histories, however, exhibit violent behaviors. The presence or absence of other contributing factors is believed to explain the difference in outcomes. These factors can include, for example, environmental stress, social isolation, certain family dynamics, personal crises, poor impulse control, substance abuse, and individual characteristics such as physical disabilities or mental retardation.

This paper has been prepared to help you better understand each form of family violence and its effects on victims, as well as inform you of prevention and intervention efforts occurring at the Federal, State, and local levels.

SPOUSE ABUSE/DOMESTIC VIOLENCE[1]

Spouse abuse/domestic violence is the use or threat of physical violence by the abuser to gain control and power over the victim. It occurs in households of both married and cohabitating couples. Although either partner may be the victim, most victims are women. The three types of spouse abuse (physical abuse, sexual violence, and psychological/emotional abuse) often occur in combination.

PHYSICAL ABUSE

Physical abuse is the most overt type of domestic violence. Behaviors characteristic of physical battering include kicking, hitting, biting, choking, pushing, and assaults with weapons. Sometimes particular areas of the body are targeted, such as the abdomen of a pregnant woman.

Victims may have difficulty preventing or escaping physical abuse because, very often, the factors that keep them in the relationship also keep them from reporting or documenting the abuse. Victims stay in physically abusive relationships for many reasons. Some victims stay because they blame themselves, believe the abuse will stop, are financially dependent, or fear that they or their children will be seriously injured or killed if they attempt to leave. Victims also stay because they have, or feel they have, no other place to go (Crites and Coker 1988).

SEXUAL VIOLENCE

Sexual violence or "marital rape" includes physical attacks on the victim's breasts or genitals, sexual sadism, and forced sexual activity. Similar to rape occurring outside the family, marital rape appears to be mainly an act of violence and aggression in which sex is the method used to humiliate, hurt, degrade, and dominate the woman. The violence and brutality in the sexual relationship seem to escalate with time. The sexual violence is frequently accompanied by life-threatening acts or threats (Walker 1980).

PSYCHOLOGICAL/EMOTIONAL ABUSE

Although physical and sexual abuse are the more overt types of domestic violence and are more likely to result in criminal justice intervention, the consequences of psychological abuse are often more traumatic and long lasting. Psychological/emotional abuse is more than verbal arguments; it is the systematic destruction of an individual's self-esteem. This type of abuse is often present in families where physical abuse or sexual violence is present. Perpetrators of psychological/emotional abuse may be involved in the following practices.

- **Economic Domination.** Frequently, men who abuse attempt to control their partners by having complete power over

the household finances. They may try to keep the victim from working and therefore encourage the victim's economic dependence upon them.

- **Using Children.** Often, abusers use the children to maintain power and control over their partners. For example, they may belittle or degrade the children as a means of harassing the victim.

- **Intimidation.** Abusers may frighten their victims by using looks, actions, gestures, or loud voices; by smashing things; or by destroying their victims' property.

- **Threats.** Abusers may threaten to take the children away from their spouse, to harm the children, or to commit suicide. Such threats add to the anxiety and fear experienced by victims and children.

- **Extreme Controlling Behavior.** Men who abuse may control their partners' activities, companions, whereabouts, etc.

- **Isolation.** Abusers often control what their victims do, whom they see, and where they go. Many abusers feel very threatened by anyone with whom their victims have contact.

EXTENT OF THE PROBLEM

Estimates regarding the extent of spouse abuse vary. The collection of accurate data is hindered by differing definitions of spouse abuse, reluctance on the part of spouses to report incidents, and controversial or inconsistent research approaches. Much more is known about female victims than about male victims of spouse abuse.

Although no precise statistics are available, some data suggest that spouse abuse is an extensive problem. For example:

- A 1979 Louis Harris poll, funded by the Law Enforcement Assistance Administration (LEAA), found that 1 of every 10 women interviewed in Kentucky had experienced a physically violent incident caused by her spouse in the previous year (Schulman 1979).

- After analyzing data from several studies on the problem, Pagelow (1984) concludes that "[b]earing in mind definitional problems and differences in research approaches, it is likely that between 25 and 30 percent of all American women are beaten at least once in the course of intimate relationships. . . . If correct, the . . . estimation means that one woman out of every

three or four may be beaten at least once" (pp. 45-46).

- National Family Violence Surveys conducted in 1975 and 1985 suggest that approximately 1.8 million women are severely abused (beaten) by their partners in their own homes each year. Findings from the 1985 survey indicate a decline in the incidence of severe spouse abuse over the 10-year period, representing 375,000 fewer women victims of severe violence in 1985 than in 1975. Despite the decline, the 1.8 million estimate for each of the two survey years is not affected markedly.[2]

- Studies show that from 37 to 80 percent of wives suing for divorce cite physical abuse by their husbands as one of their complaints (Crites and Coker 1988).

- A study by Russell (1982) of a representative sample of women found that 8 percent of the 930 women interviewed (including those who had never been married) had been raped by a husband or ex-husband.

- According to the Federal Bureau of Investigation (FBI), 30 percent of women murdered in this country in 1986 were killed by their husbands or boyfriends (FBI 1987).

- Following a major study on assaults between family members, Dobash and Dobash (1978) stated that: "Husbands are only rarely assaulted by their wives (1.1 percent) . . ." (p. 437). When incidents of violence by wives toward husbands do occur, studies show that the vast majority of these women are attempting to protect themselves from abuse initiated by their spouses (Gelles and Straus 1988).

Severe spouse abuse is the single major cause of injury for which women seek medical attention; it is more common than auto accidents, mugging, and rape combined. When less severe types of abuse are considered, estimates of the number of victims per year increase significantly. Spouse abuse also is considered a major contributing factor to other problems, including child abuse and neglect, female alcoholism, drug abuse, homelessness, mental illness, and attempted suicide.

CAUSES

Spouse abuse is a complex problem with so many variations that it cannot be explained by one theory or one underlying cause. Among the many factors that may contribute to its occurrence are learned behavior, trial-and-error learning, and substance abuse.

In addition, as stated by Pagelow (1984), "[v]iolence is almost inescapable for most Americans: in sports and other entertainment, the media and printed materials" (p.141).

- **Learned Behavior.** Social learning theory states that people learn aggressive behaviors by observing models, particularly parents and friends who command attention. When role models repeatedly use aggressive behaviors that appear to be functional and rewarded, observers are likely to imitate them. If the observers' subsequent imitation of aggression is reinforced, it is likely to be repeated and become part of their behavioral patterns (Pagelow 1984). In one study, 70 percent of the abusive men participating in a treatment program had come from homes in which one or more of the children were victims of physical or sexual abuse, or where the mother had been abused by the father. These findings, as well as similar findings from other studies, support the theory that violence is a socially learned behavior (Steinmetz 1977).

- **Trial-and-Error Learning.** Many males who never experienced violence as children describe violence in their adult relationships with women as "something I just got into and found myself using a lot." Through trial-and-error, men experience positive reinforcement for violence in several ways. First, the use of violence tends to reduce emotional stress. Second, violence puts a temporary end to an uncomfortable situation. Third, the abuse becomes a way to control and incapacitate the woman; as a result, the man feels less threatened by her independence or the possibility of her leaving (Steinmetz 1977).

- **Substance Abuse.** There is a high correlation between domestic violence (as well as other forms of family violence) and substance abuse. Studies have found that more than 50 percent of abusive men use or are addicted to some substance (Crites and Coker 1988). Alcohol and other mood-altering drugs often reduce an individual's ability to control violent impulses. However, ending the abuser's substance dependency does not ensure that abusive behaviors will stop. Men found to be physically abusive while under the influence of alcohol or other drugs have also admitted to violent episodes while not using drugs (Steinmetz 1977). Whenever domestic violence or substance abuse is identified as a problem in a family, it is important to remember that both problems may exist and, if so, both need to be addressed.

ELDER ABUSE AND NEGLECT

Abused and neglected elderly persons are among the most isolated victims of family violence. They are maltreated by their spouses, adult children, or other relatives. Because most are dependent, infirm, or mentally impaired, they tend not to be linked to social networks that could intervene with help. Further, elderly victims are reluctant to tell anyone about the abuse or neglect. They typically are physically and financially unable to move away from the abusive or neglectful situation, fear that more severe maltreatment will result from their making a disclosure, or blame themselves for their plight (Quinn and Tomita 1986).

When abuse occurs between elderly spouses, it is primarily manifested in one of two ways: a long-standing pattern of marital violence or abuse originating in old age.[3] In the latter case, abuse is usually precipitated by issues related to advanced age, including the stress that accompanies disability and changing family relationships. When abuse is inflicted by an adult son or daughter, the abuser usually lives in the parents' home and depends on the parents for financial support and a place to live (Anetzberger 1987).

Most experts define "elderly" as 65 years old or older. Although there is no one agreed-upon definition of elder abuse, the American Medical Association drafted a model bill in 1985 known as the Elder Abuse Reporting Act. The act serves as a guide to States in enacting or amending legislation for mandatory reporting by physicians of incidents of suspected abuse or neglect of elderly persons. It defines elder abuse as:

> . . . an act or omission which results in harm or threatened harm to the health or welfare of an elderly person. Abuse includes intentional infliction of physical or mental injury; sexual abuse; or withholding of necessary food, clothing, and medical care to meet the physical and mental health needs of an elderly person by one having the care, custody, or responsibility of an elderly person. (American Medical Association 1985)

There are four types of elder abuse: physical, psychological/emotional, material, and violation of rights. There are two types of elder neglect: passive and active.[4]

PHYSICAL ABUSE

Physical abuse includes bodily assaults, such as beating and burning; sexual assault; and physical restraint. Victims are usually isolated; self-imposed isolation may result from embarrassment about the signs of abuse. Neglect and psychological abuse often occur concurrently with this type of

abuse (Johnson 1986; Department of Health and Human Services 1980).

PSYCHOLOGICAL/EMOTIONAL ABUSE

Psychological maltreatment of the elderly is best described as the infliction of mental anguish through humiliation, which includes ridiculing older persons for their behavior and blaming them for certain attitudes, actions, or events; harassment, which consists of intimidation, threats, and provoking fear for health and well-being; and manipulation, which includes denying access to information, giving false information, isolating the older person from others, and interfering in decision making.

MATERIAL EXPLOITATION

Material exploitation of the elderly is manifested in two primary ways. The first is the misuse, theft, or extortion of the older person's money, property, possessions, or insurance. The second is the denial of the older person's access to his or her material goods.

VIOLATION OF RIGHTS

Violation of rights includes denying the rights of a competent elder, denying the rights of an incompetent elder (when guardianship is indicated), involuntary servitude (forcing the older person to perform tasks that are inappropriate or inhumane), or forcefully evicting the older person from his or her residence and forcing him or her to relocate.

PASSIVE NEGLECT

Passive neglect, the most common and clearly understood type of elder maltreatment, results when the caretaker of a frail and dependent older person is incapable of meeting that person's needs. As a result, the older person may fail to receive proper hygiene, medication, supervision, nutrition, and other important personal care (Douglass 1987).

ACTIVE NEGLECT

The deliberate withholding of services, materials, personal care, or intangibles (e.g., social contact) constitutes active neglect. Often such behavior is linked to the caretaker's desire to cause pain or suffering, or to inflict punishment upon a dependent older person. Victims are typically kept in isolation, physically and socially, which makes identifying them difficult (Douglass 1987).

EXTENT OF THE PROBLEM

The isolated nature of elder abuse and neglect not only deters identification of victims, but also makes research on the

problem's extent and characteristics very difficult. Prior to 1977, there was no scientific research on elderly victims. Studies conducted since 1977 lack uniformity in terms, definitions, and methodological approaches. As a result, much more needs to be learned about the problem and effective intervention for elderly victims and their abusers.

Despite the limitations in research, there are data to suggest that many thousands of elderly persons are abused and neglected each year.[5] As reported by Plotkin (1988), for example:

- A review of one year's records at the Cleveland Chronic Illness Center revealed that 9.6 percent of the clients over 60 years old were victims of abuse. Physical abuse was the predominant type of maltreatment, and daughters were the most frequent abusers. (Other studies have found psychological abuse, material exploitation, or passive neglect to be most prevalent.)

- A study of elder abuse in New Jersey estimated that 1 percent of the elderly in that State were likely to be victims of abuse.

- Mail surveys conducted by researchers in Maryland suggested that more than 4 percent of the elderly in the State were victims of abuse.

- A 1986 study by Pillemer and Finklehor adds support to the contention that the prevalence of elder abuse and neglect is high. Through interviews conducted with more than 2,000 elderly people living in the Boston area, the rate of overall abuse and neglect of elderly persons was found to be 32 per 1,000.

Other studies suggest that as many as 1 million elderly persons are abused each year nationwide (Clark 1984; U.S. House 1985; Gelles and Straus 1988).

Findings from a recently completed study by the American Public Welfare Association (APWA), on reports of elder abuse made to State adult protective services (APS) agencies in fiscal year 1988, give support to even higher estimates of the number of victims. There were 140,000 APS reports in fiscal year 1988. Based on other research, APWA estimates that 1 case of elder abuse in 14 is reported to APS; this ratio translates to more than 1.8 million victims nationwide (Tatara 1990).

Findings from other studies suggest that approximately two-thirds of elderly victims are harmed by their spouses and one-fourth by their adult children (Gelles and Straus 1988). More research is needed, however, to clarify such findings in terms of the abuser's pattern of violence (for example, the problem's onset) and the abuser's role (for example, a family member other than the primary caretaker may be the abuser).

Additional research data on areas such as those just cited will help advance strategies for the prevention of elder abuse.

An increase in the number of elderly who are abused and neglected is anticipated in future years. Population trends, coupled with longer life spans, suggest that there will be more elderly persons and more frail elderly persons dependent upon others for their care (Pagelow 1984). An increase in the number of reports of elder abuse and neglect is also anticipated. Enactment of State laws regarding mandatory reporting of elder abuse and increased efforts of State and local APS programs will result in more victims being identified.

CAUSES

Cases of elder abuse range from seemingly deliberate abuse of older persons by spouses and adult children, to unintentional cases of neglect related to the frailty of the older person, to the pressures that can result from caregiving (Wolf 1988). Currently, researchers and clinicians tend to disagree whether abuser characteristics or victim characteristics are the more powerful predictors of elder abuse. Pillemer and Finklehor (1989) use findings from their study of elder abuse in Boston to give support to their view:

> The present study's findings can be added to the growing body of evidence that elder abuse results not from the increased needs of the victims, but from the deviance and dependence of the abusers. . . . Instead of well-meaning caregivers who are driven to abuse by the demands of an old person, elder abusers appear to be severely troubled individuals with histories of antisocial behavior or instability. Their high levels of dependence on the victims also suggest that elements of exploitation may exist in these relationships.

Characteristics such as the following are cited as contributing to elder abuse and neglect:

- **Stress.** Stress experienced by the caregiver may contribute to elder abuse and neglect. The source of stress may be internal or external to the caregiver relationship. When the source of stress is internal, it relates to the strain or the burden of caring for a dependent elderly family member. When the source of stress is external to the caregiving relationship, it relates to environmental circumstances or family crises. Stress occurs when an individual's skills or resources do not match the perceived or actual demands of caring for the elderly person.

- **Social Isolation.** Social isolation or the lack of social support may contribute to elder abuse and

neglect (as it does to child abuse and neglect and spouse abuse). Isolated caregivers are those who have no one to turn to for support or assistance when overwhelmed with the care of the elderly person (Anetzberger 1987).

- **Other Conditions.** Any elderly person can be the victim of abuse. However, some people have physical, psychological, emotional, or social conditions that can result in increased dependence on others. The dependence may cause stress, as well as decreased ability or willingness to guard against or escape from the abuse (Anetzberger 1987).

Regardless of one's understanding of the causal or predictive factors of elder abuse, cases of elder abuse warrant intervention directed toward both the victim and the abuser/caretaker.

CHILD ABUSE AND NEGLECT[6]

The Child Abuse Prevention, Adoption, and Family Services Act of 1988 (Public Law 100-294) defines child abuse and neglect as "the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment

- of a child under the age of 18, or except in the case of sexual abuse, the age specified by the child protection law of the State,
- by a person (including any employee of a residential facility or any staff providing out-of-home care) who is responsible for the child's welfare, ,
- under circumstances which indicate that the child's health or welfare is harmed or threatened thereby. . ."

There are four types of child maltreatment: physical abuse, neglect, sexual abuse, and mental injury (also known as psychological/emotional abuse). Although any of the types of child maltreatment may be found alone, one often finds them occurring in combination. Where other types of abuse are present, mental injury is almost always present as well.

PHYSICAL ABUSE

Physical abuse is characterized by inflicting injury by punching, beating, kicking, biting, burning, or otherwise physically harming a child. Although the injury is not an accident, the parent or caretaker may not intend to hurt the child. The injury may result from discipline or physical punishment that is inappropriate to the child's age.

NEGLECT

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. In Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988. Study Findings, the three types of neglect are defined as follows: Physical neglect includes refusal of or delay in seeking health care; abandonment, expulsion from home, or not allowing a runaway to return home; and inadequate supervision. Educational neglect includes permission of chronic truancy, failure to enroll a child of mandatory school age, and inattention to a special educational need. Emotional neglect includes such actions as chronic or extreme spouse abuse in the child's presence, parental permission of alcohol or other drug abuse by the child, and failure to provide needed psychological care. It is important to distinguish between willful neglect and failure to provide necessities of life because of poverty or cultural norms.

SEXUAL ABUSE

Sexual abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and sexual exploitation. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example, a parent, babysitter, or day-care provider). Responsibility for investigating child sexual abuse involving a nonparental caretaker varies by State. In some States, the child protective services (CPS) agency is responsible for the investigation in cases of this type. In other States, the law enforcement agency is responsible; and in others, an interdisciplinary team of professionals (for example, law enforcement, CPS, and day-care licensing) handles the investigation. If a stranger commits the acts described above, the acts are considered sexual assault and the case is handled solely by the police and criminal courts.

MENTAL INJURY

Mental injury includes acts or omissions by the parent or other person responsible for the child's care that cause, or could cause, serious behavioral, cognitive, emotional, or mental disorders. In some cases, the parental acts alone, without any harm evident in the child's behavior or condition, are sufficient to warrant intervention by CPS. An example of such an act is the parent's or caretaker's use of an extreme or bizarre form of punishment, such as torture or confinement in a dark closet. For less severe acts such as habitual scapegoating, belittling, or rejecting treatment, demonstrable harm to the child is often required for CPS to intervene.

EXTENT OF THE PROBLEM[7]

The most recent national incidence study estimates that more than 1 million children nationwide experienced demonstrable harm as a result of maltreatment in 1986. According to the same study, more than 1.5 million children nationwide experienced abuse or neglect if children "at risk of or threatened with harm" are included in the estimate. In addition, 1,100 children are known to have died as a result of abuse or neglect in 1986. In comparing the 1986 overall incidence rate to the 1980 rate, the number of children who experienced demonstrable harm from abuse or neglect increased 66 percent. The national incidence study concludes that this increase is probably more reflective of increased recognition than of an actual increase in incidence. The number of children reported to CPS increased nearly 57 percent since 1980. CPS officially substantiated 53 percent of the cases that were reported and accepted for investigation in 1986. This reflected an increase of 10 percent in the number of substantiated cases since 1980.

The national incidence study found that the majority of child maltreatment cases (63 percent) involved neglect (1,003,600

children or 15.9 per 1,000) and that fewer than half (43 percent) involved abuse (675,000 children or 10.7 per 1,000).

- **Physical Abuse.** An estimated total of 358,300 children, or 5.7 children per 1,000, were physically abused in this country in 1986.

- **Mental Injury.** The next most frequent type of abuse is mental injury or emotional abuse, involving 211,100 children, or 3.4 children per 1,000.

- **Sexual Abuse.** Although sexual abuse remains the least frequent type of abuse, its incidence is not far behind that of emotional abuse. Many experts believe that sexual abuse is the most underreported form of child maltreatment because of the secrecy or "conspiracy of silence" that so often characterizes these cases. The national incidence study found that 155,900 children nationwide, or 2.5 per 1,000, experienced sexual abuse in 1986. The study reported a threefold increase in the incidence of sexual abuse from 1980 to 1986.

- **Neglect.** Physical neglect is the most frequently occurring type of neglect, involving 571,600 children, or 9.1 per 1,000, in 1986. The second most frequent type is educational neglect, with 292,100 children, or 4.6 per 1,000. The least frequent type is emotional neglect, involving 223,100 children, or 3.5 per 1,000.

CAUSES

Many factors may contribute to the occurrence of child abuse and neglect. Each family is different; each family's story is unique. However, some conditions and situations have been identified that may make child abuse and neglect more likely to occur. These include:

- **Individual Characteristics of Parents.** Parents may be more likely to maltreat their children if the parents are emotionally immature or needy; are isolated, with no family or friends to depend on; were emotionally deprived, abused, or neglected as children; feel worthless; have never been loved or cared about; are in poor health; or abuse alcohol or other drugs. Many abusive and neglectful parents do not intend to harm their children and often feel remorse about the maltreatment. However, their own problems may prevent them from stopping their harmful behavior and may result in resistance to outside intervention. It is important to remember that diligent and effective intervention efforts may overcome the parents' resistance and help them change their abusive and neglectful behavior.

- **Individual Characteristics of Children.** Children may be at higher risk of maltreatment if they are unwanted, resemble someone the parent dislikes, or have physical traits or behaviors that make them different or especially difficult to care for.

- **Family Interactions.** Each member of a family affects every other member in some way. Some parents and children are fine on their own, but just cannot get along together, especially for long periods of time. Some characteristics commonly observed in abusive or neglectful families include social isolation and parents turning to their children to meet the parents' own emotional needs.

- **Environmental Conditions.** Changes in financial condition, employment status, or family structure may shake a family's stability. Some parents may not be able to cope with the stress resulting from these changes and may experience difficulty in caring for their children.

In addition to these contributing factors, some societal factors may perpetuate child abuse and neglect. For example, the conviction of some individuals that parents have the right to treat children as they please, and the desire to avoid outside involvement in family life, may influence the occurrence of child abuse and neglect. Although individuals and families have a right to privacy, no one has a right to abuse or neglect a child. Fear or mistrust of outside intervention should not prevent families from seeking or accepting help in ending abusive or neglectful situations.

OTHER TYPES OF FAMILY VIOLENCE

Most family violence research has concentrated on child abuse, spouse abuse, and elder abuse. Very few research studies have examined parent abuse or sibling abuse. Consequently, knowledge is very limited regarding the extent, causes, and effects of parent and sibling abuse.

PARENT ABUSE

Parents can be severely injured by their children, particularly when physically assaulted by older youth and adolescents. Approximately 3 percent of the parents who participated in the 1985 Family Violence Survey reported they had experienced severe violence caused by their children older than age 11. This percentage translates into an estimate of nearly 900,000 parent victims of serious violence each year (Gelles and Straus 1988). Occasionally the children's assaults result in the death of a parent (parricide). Parricide is frequently explained as the youth's or adolescent's response to parental abuse directed toward them or other family members. Research also indicates that boys, more often than girls, are involved in severe parental assaults and murder (Pagelow 1984).

Other than studies that support the theory that violence is learned behavior, little is currently known about the etiology of parent abuse or contributing individual and family dynamics. Parents who are abused report that they are ashamed of their children's violent behavior and fear that they will be blamed for its occurrence. As a result, few parents seek help and few services are available in the community to address the problem directly (Gelles and Straus 1988).

SIBLING ABUSE

Sibling abuse ranges from relatively mild forms of aggression occurring between siblings (such as shoving and pushing) to extremely violent behavior (such as the use of a knife or gun) by one sibling against another. (Sexual acts between siblings, when one sibling is significantly older than the other, are considered sexual abuse.) Excluding acts such as slaps, pushes, kicks, bites, and punches, Gelles and Straus (1988) estimate that 3 children in 100 (or more than 100,000 annually) are dangerously violent (use a weapon) toward a brother or sister. When all types of mild aggression and extremely violent acts toward a sibling are taken into account, the estimate soars to more than 36 million individual acts of sibling to sibling aggression each year.

Understanding of the dynamics and causes of sibling abuse is greatly hindered by the lack of research on the problem. To a certain degree, fights and other physical forms of aggression among siblings are expected. Therefore, sibling abuse often is not identified by anyone as a "problem" until serious injuries

result, or until the child harms someone outside the immediate family.

Although knowledge about sibling abuse is limited, there are some factors that appear to contribute to its occurrence. Our society accepts sibling rivalry as part of family life, and it is not unusual for siblings to try to use violence as a means of control. When parents fail to intervene to stop the violence, they give tacit permission for the sibling abuse to occur and recur. Children also tend to learn about violent behavior from the mass media and, sometimes, from their parents or peers. Children who witness or experience violence tend to use it against their siblings. Finally, some children and some parents suffer from emotional problems or personality disorders that are manifested through sibling abuse and parental failure to protect the child victim.

EFFECTS OF FAMILY VIOLENCE

The ramifications of family violence have almost no boundaries. In addition to the obvious physical injuries and deaths that result, family violence is often cited in research and clinical case studies as contributing to numerous other individual, family, and societal problems. For example:

- According to Pagelow (1984), "Victims of all types of family violence share a common experience of denigration of self that results in diminished self-esteem. The shame and feeling of worthlessness so often expressed by battered women is shared by maltreated children as well as maltreated elderly parents" (p. 81).

- Finklehor (1983) reports a constellation of long-term behavioral characteristics that appear frequently and are similar among victims of different kinds of abuse: depression, suicidal feelings, self-contempt, and an inability to trust and to develop intimate relationships in their later lives.

- With specific regard to spouse abuse, Gelles and Straus (1988) state that the severely assaulted women identified in their survey had much higher rates of psychological distress than the other women surveyed, including four times the rate of feeling depressed and five-and-a-half times more suicide attempts.

- Data collected by employee assistance programs show that, because of the injuries they sustain, abused women are much more likely to lose their jobs or lose time from work than nonabused women.

- The effects of spouse abuse on children are also documented in research studies. In their review of research, Crites and Coker (1988) report:

  -- Children learn from an important role model (the parent) that violence toward a loved one is acceptable.
  -- Children exhibit fear, emotional symptoms such as psychosomatic complaints (physical complaints created by psychological stress), school phobias, enuresis (bedwetting), and insomnia. Young children may either try to stop the violence, thus putting themselves at risk for unintended harm, or respond with immobilized shocked staring, running away and hiding, or bedwetting and nightmares.
  -- After age 5 or 6, children show strong indications of identifying with the aggressor and losing respect for the victim.

- Goodman and Rosenberg (1987) report that child witnesses to spousal abuse have an increased risk of developing behavioral and emotional problems and that the "memory for violent events witnessed in childhood may last a lifetime. . . ." (p.97) They state:

  Depending upon age, sex, and the extent of violence observed, these children tend to feel worthless, to mistrust intimate relationships, to be aggressive, to have trouble seeing the perspective of others in tense social situations, and possibly to be somewhat delayed intellectually. (p. 104)

- A decrease in the ability of abused women to nurture and care for their children is also noted by Crites and Coker (1988). "The stress of avoiding, experiencing and then (while in the relationship) recovering from physical abuse and suffering from ongoing psychological trauma affects the ability of a mother to be a good parent." (p. 11)

- Findings from Walker's study (1985) on spouse abuse reveal that, in 45 percent of the cases studied, children were also being abused; 70 percent of the abusers were the fathers. In those cases where the mother was the abuser, the abuse ceased once the violent marital relationship ended.

- With regard to the effects of child abuse and neglect, Gelles and Straus (1988) report that, compared to other children, child victims of severe violence (identified in their survey) were two or three times more likely than other children to have failing grades in school, difficulty forming friendships, disciplinary problems in school, physically assaultive behavior at home and outside the home, vandalism and theft, and alcohol and other drug use. Abused children also had been arrested by the police four times more often than other children.

- Many other studies on the effects of maltreatment on children support the Gelles and Straus findings. Numerous studies show that growing up in a violent home compromises the child's physical, intellectual, emotional, and social development. For example, a variety of data suggest that abused children, especially boys, have a much greater chance of becoming involved in juvenile crime than children from nonabusive homes (Hotaling 1988).

- With regard to the effects of elder abuse and neglect, Pillemer and Prescott's analysis (1988) reveals that elderly victims are significantly more likely to be depressed than nonvictims, and that the feelings

associated with depression (such as helplessness and loneliness) are likely to decrease actions either to resolve the abuse or to end the relationship with the abuser.

From a broader perspective, family violence can result in the dissolution of many families and homelessness for some. To escape from spouse abuse, victims and their children may become homeless or live temporarily in community shelters. For many of these uprooted families, permanent housing is extremely difficult to obtain, which may cause them to return to the violent home.

To escape from parental abuse and neglect, some child victims run away. These children live in "the streets" or seek temporary shelter care. There are also abused and neglected children who are removed from their families and placed in foster care settings by child protective services (CPS) agencies. Although CPS tries to maintain and strengthen maltreating families, this outcome is not always possible. Similarly, victims of elder abuse may experience homelessness or be placed in alternative care settings (such as nursing or boarding homes) by adult protective services (APS) to prevent further violent incidents.

From the perspective of social institutions and society, family violence and its effects drain resources and add to other societal problems. Various public and private organizations use considerable staff and money to identify violent families. Once identified, these families and each family member (whether victim, abuser, or witness) usually need a host of remedial services. The "costs" of law enforcement, medical, social, mental health, educational, and legal intervention associated with family violence are extremely high.

Further attention needs to be directed to all family members in family violence cases. Children, in particular, need help to alleviate the long-lasting effects of family violence on their development. There is an ongoing need for family therapy, family violence prevention curriculums in schools, and training in nonviolent conflict resolution.

FEDERAL RESPONSE TO FAMILY VIOLENCE

The Federal Government assists State prevention and treatment efforts through several agencies in the Department of Health and Human Services (DHHS) and the Department of Justice.

In DHHS three agencies within the Office of Human Development Services are involved in family violence issues:

- **National Center on Child Abuse and Neglect (NCCAN).** Created by the Child Abuse Prevention and Treatment Act of 1974, NCCAN has responsibility for the administration and coordination of the Federal Government's child abuse and neglect activities. These activities include the operation of the Clearinghouse on Child Abuse and Neglect and Family Violence Information.

- **Office of Policy, Planning and Legislation (OPPL).** OPPL is responsible for administering the Federal Government's activities regarding spouse abuse/domestic violence, as mandated in the Family Violence Prevention and Services Act. OPPL also provides funds to NCCAN to support the operation of the Clearinghouse on Child Abuse and Neglect and Family Violence Information.

- **Administration on Aging (AoA).** AoA is primarily concerned with social service issues related to the problem of elder abuse.

Within the Public Health Service (PHS) of DHHS, there are additional agency activities addressing the problem of family violence:

- **National Institute of Mental Health (NIMH).** This agency provides research grants for studies on domestic violence. Its Antisocial and Behavior Branch is the focal point for research on antisocial behavior, individual violent behavior, sexual abuse and sexual assault, and the interaction between law and mental health.

- **National Institute on Aging (NIA) of the National Institutes of Health.** Devoted to research on aging, NIA is involved in studies on the problem of elder abuse.

- **Bureau of Maternal and Child Health (MCH).** MCH provides grants for research on the prevention of child abuse and other forms of family violence and to reduce the incidence of abuse and neglect of premature infants (who may be at high risk of abuse). MCH also disseminates relevant information through its

clearinghouse and funds parenting programs designed to prevent child abuse and neglect.

- **Intentional Injuries Section, Division of Injury Epidemiology and Control of the Centers for Disease Control (CDC).** This agency is involved in several research studies on family violence, including a study of spouse homicide in the United States. Homicide data from the Federal Bureau of Investigation are being used for this study.

In addition, the Surgeon General of the Public Health Service offers workshops and publications to assist health professionals in learning how to treat victims and contribute to the prevention of family violence.

Four agencies within the Office of Justice Programs of the Department of Justice deal with family violence:

- **Office for Victims of Crime (OVC).** OVC serves as the focal point for addressing the needs and improving the treatment of crime victims. Staff members provide technical assistance and administer grants to State and local agencies for family violence prevention and intervention programs.

- **Bureau of Justice Assistance (BJA).** In response to family violence, BJA provides funds to criminal justice agencies for the development of new programs and practices.

- **National Institute of Justice (NIJ).** As the primary Federal sponsor of research on crime and its control, NIJ conducts studies on various aspects of family violence and on criminal justice policies and approaches to family violence.

- **Office of Juvenile Justice Delinquency Prevention (OJJDP).** Through the Center for Missing and Exploited Children, OJJDP operates a national toll-free telephone line and serves as a national clearinghouse for information on missing and exploited children. OJJDP also provides training on child abuse and neglect to juvenile justice practitioners.

FEDERAL RESPONSE TO CHILD ABUSE AND NEGLECT

Although the primary responsibility for responding to cases of child abuse and neglect rests with State and local agencies, the Federal Government supports State and local efforts in many ways. The National Center on Child Abuse and Neglect (NCCAN), for example, takes a leading role in many areas. NCCAN provides grant funds to States with which to:

- develop, strengthen, and carry out child abuse and neglect prevention and treatment programs;

- respond to reports of medical neglect, including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions;

- encourage establishment and maintenance of State trust funds or other funding mechanisms to support prevention activities;

- develop, establish, and operate programs to improve the handling of child abuse cases, especially cases involving the investigation and prosecution of sexual abusers, in a manner in which additional trauma to the child is minimized.

In addition, since 1975, NCCAN has funded more than 700 projects to States and local agencies and organizations nationwide. These projects focus on nearly every aspect of the prevention and treatment of child abuse and neglect and include research into the causes, prevention, and treatment of child abuse and neglect and demonstration programs designed to identify the best means of preventing maltreatment and treating troubled families.

One of NCCAN's most critical roles is to disseminate up-to-date information on child maltreatment. This is done primarily through the Clearinghouse on Child Abuse and Neglect and Family Violence Information and the National Child Welfare Resource Centers. Finally, NCCAN works closely with other agencies to coordinate child abuse and neglect prevention and treatment efforts. Among their many activities, the U.S. Advisory Board on Child Abuse and Neglect and the U.S. Inter-Agency Task Force on Child Abuse and Neglect facilitate NCCAN's coordination role.

FEDERAL RESPONSE TO SPOUSE ABUSE

The Federal Government also supports State and local activities that specifically address the problem of spouse abuse. Under the Family Violence Prevention and Treatment Act, the Office of Policy, Planning and Legislation (OPPL) awards grants to States and Native American tribes to assist in their efforts to prevent and treat family violence and to provide immediate shelter and services to victims of family violence and their dependents. In addition, OPPL supports research and demonstration activities, and transfers funds to the Department of Justice for training law enforcement personnel.

The National Institute of Justice funds research on the causes, effects, and treatment of domestic violence and on effective law enforcement and prosecutorial intervention in cases of spouse abuse. The Office for Victims of Crime (OVC) funds projects that enhance community domestic violence prevention and intervention

efforts and compensate the victims of crime. The Intentional Injuries Section of the Centers for Disease Control (CDC), in addition to studying spouse homicide, is examining patterns of prior social service agency contact of victims and perpetrators of interpersonal violence.

FEDERAL RESPONSE TO ELDER ABUSE[8]

The Administration on Aging (AoA) provides funds to State and local agencies and organizations nationwide for demonstration projects regarding the prevention of and intervention in elder abuse. For example, there are elder abuse projects that demonstrate:

- Collaboration among State and area agencies on aging, adult protective services, consumer protection agencies, law enforcement, courts, and volunteer groups.
- Public awareness campaigns on recognizing and preventing abuse, neglect, and exploitation of older persons, including the use of ombudsmen.
- Coordination of intervention and followup through referral of cases of elder abuse to social service and criminal justice agencies.

Further, AoA funds the National Aging Resource Center on Elder Abuse. The Center collects and disseminates information on elder abuse and provides consultation, information, and training to public, professional, and voluntary organizations. Also, the Center collaborates with State and area agencies in planning, developing, and implementing elder abuse services and advancing the state of knowledge about elder abuse and neglect. The National Institute on Aging (NIA), located within the National Institutes of Health, has funded two significant studies focusing on elder abuse. The first, in 1984, examined elder abuse in general; the second studied abuse of elderly parents in their homes.

STATE AND LOCAL RESPONSES TO FAMILY VIOLENCE

The primary responsibility for responding to cases of family violence rests with State and local agencies. The State and local response is determined by the type of family violence.

STATE AND LOCAL RESPONSES TO CHILD ABUSE AND NEGLECT

In each community, cases of child abuse and neglect are reported to and investigated by child protective services (CPS) agencies, the police, or both. CPS's primary role is to ensure that children are protected from harm. If CPS concludes that a child's safety is threatened, action is taken to protect the child.

Federal law mandates that State child welfare systems (which include CPS) must make reasonable efforts to keep the family together and at the same time ensure the child's safety. When this is not possible, the child is usually removed from the home and placed in foster care either through a voluntary agreement with the parents or pursuant to a court order.

Whether a child is removed from the home or not, if child abuse or neglect occurred or is likely to occur in a family, child welfare staff offer services to improve conditions in the home. Referrals are often made to other community agencies, voluntary organizations, and self-help groups. If criminal charges are made against the parents (or caretakers), the justice system also becomes involved.

STATE AND LOCAL RESPONSES TO SPOUSE ABUSE

Various types of State and local agencies provide assistance in cases of spouse abuse/domestic violence. Law enforcement agencies may intervene to stop violence in the home. Courts issue protection and restraining orders and provide criminal prosecution options to help victims. There are more than 1,200 shelter programs nationwide that offer refuge and services to battered women and their children. The shelters play an integral role in helping abused women and their children rebuild their lives and establish themselves in the community. In addition, treatment programs for batterers are available through public and private counseling agencies in many communities (DePanfilis 1988).

STATE AND LOCAL RESPONSES TO ELDER ABUSE

Adult protective services (APS) in State and local social service departments is the primary agency responsible for responding to cases of elder abuse. Each State has its own regulations regarding mandatory reporting of elder abuse, investigation procedures, and delivery of services.

STATE AND LOCAL RESPONSES TO OTHER FORMS OF FAMILY VIOLENCE

Depending on the severity of the actions, parent abuse may be handled by the law enforcement and criminal justice systems, and treatment may be provided by private practitioners or mental health agencies. In cases of sibling abuse where the abuse occurred in part because of parental sanction or parental neglect, CPS or other child welfare staff may intervene with help for the family.

SUMMARY

Family violence can harm anyone, from the unborn child to the elderly adult. Research findings underscore the seriousness and complexity of the problem. It affects many thousands of people, takes many forms, has multiple causes, and is not easily solved. The damaging effects of family violence are found to contribute to other individual, family, and social problems.

Although there are many efforts to respond to family violence at Federal, State, and local levels, more research is needed to expand our understanding of the problem and to identify successful methods of prevention, intervention, and treatment. In addition to increasing the types and amount of help available for victims, more attention needs to be directed toward helping perpetrators and other family members. Front-line caseworkers, as well as numerous other community service providers, need more training and support to deal with the physical and emotional demands of serving this population. Early identification of families experiencing violence increases the likelihood of successful intervention. Increased public education efforts and awareness of the problem will make such early identification possible. Family violence is everyone's concern. Everyone can help.

NOTES

1. Information in this section is taken from DePanfilis 1988.

2. See Intimate Violence (Gelles and Straus 1988) for a discussion of these survey findings.

3. Some researchers and practitioners contend that a pattern of violence that extends into old age is spouse abuse, not elder abuse. Differing opinions on this issue affect data collection and incidence statistics for both of these forms of family violence.

4. Variations (and disagreements) exist among researchers and practitioners in the terms and definitions used to describe elder abuse and neglect. Those presented here should not be considered absolute.

5. Some estimates are higher because the category "self-abuse" is included in the studies' definitions of the problem. Self-abusive actions may be potentially life-threatening to mentally deteriorating older persons (for example, a person who lives alone, is unable to care for himself or herself adequately, and refuses outside help). Self-abuse, however, is quite different from maltreatment by others and warrants independent study (Douglass 1987).

6. Information on child abuse and neglect is taken from Child Abuse and Neglect: A Shared Community Concern, Clearinghouse on Child Abuse and Neglect Information 1989. Incidence statistics are from Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988. Study Findings, National Center on Child Abuse and Neglect. The statistics reflect the revised definition of child abuse and neglect, which includes demonstrable and threatened harm.

7. A report released in April 1990 from the National Committee for Prevention of Child Abuse entitled Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1989 Annual Fifty-State Survey found that more than 2.4 million child abuse and neglect reports were filed in 1989.

8. Information in this section is taken from Wolf 1988.

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